PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

MIT-9721

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20				Г	RATE	FEE		RATE	FEE
FOR ·			NUMBER FILED		NUMBER EXTRA		t	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			W minus 20=		* Ø		f	X\$ 9≈		OR	X\$18=	
INDEPENDENT CLAIMS					* 2'		ŀ	X42=			X84=	
ML	LTIPLE DEPEN	DENT CLAIM P			1 0,	$\overline{}$	}	A42=	-	OR	∧o4=	
<u> </u>							l	+140=		OR	+280=	
* 11	the difference	in column 1 is	ess than zero, enter "0" in column 2					TOTAL	375	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY (OTHER SMALL	
		(Column 1) CLAIMS		HIGH		(Column 3)	Г	OMALL	ADDI-	OR 	0	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL 4114	=		X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL			TOTAL	
		A	ADDIT. FEE			ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┟			On		
								+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	Professional Confession		mn 2)	(Column 3)				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X42≈			X84=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEPENDENT		T CLAIM		╽┟			OR		
*	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2 writ	a "O" in co	lumn 3		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		nber Previously Pa					er fou	nd in the and	oronriate ho	x in co	ilumn 1	